

RURAL HEALTH POLICY COUNCIL

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**BIDDERS' CONFERENCE – QUESTIONS AND ANSWERS**

***California Rural Health Policy Council
Rural Health Services Small Grants Program
Request for Application (RFA) #01-2002
June 1, 2001***

The following questions were received at the Bidders' Conference held on June 1, in Sacramento, California.

- 1. Would the County Office of Education fall under the local governmental agency category?**

Yes, it is a local governmental agency.

- 2. Our clinic operates on a sliding fee scale. If we qualify to receive \$15 a visit, how does that work, is that considered uncompensated care?**

The grant is for uncompensated care for patients/clients who have no other source of payment to cover the services provided. If you receive any payment for the visit, it would be difficult to justify these services as uncompensated care.

- 3. It is stated in the RFA that only one grant, per parent organization or per Federal ID number, will be awarded. If we have a satellite that we are starting up, can we apply for funding for both sites?**

Yes, we will accept multiple applications from one entity; there is not a limit on the number of projects per applicant facility/organization. Each application can be for a maximum of \$25,000 per application; however, only one grant per parent organization or federal ID number will be **awarded**. You may also submit **one** application for both sites up to a maximum of \$25,000

- 4. Application instructions state that applicants must submit one (1) original plus two (2) printed copies of completed RFA. Additionally, an electronic copy of the completed application is requested, not required. May we also submit our billings electronically?**

We would be happy to provide the invoice forms and year-end report forms in an electronic format; however we cannot accept them electronically because an original signature is required on invoices.

5. **Would you prefer a floppy disk attached to the submitted application versus as an attachment to an e-mail?**

Either a back-up diskette mailed with the application or as an e-mail attachment would be acceptable as long as we also receive the required and signed original and two (2) printed copies.

6. **In the Scope of Work example provided in the RFA, as the "contractor" are we to complete this?**

Yes, this is a new form required by the Department of General Services created to standardize information. They look for specific things such as non-profit status, the name and information of the contracting agency (parent organization), as well as the name and information of the contact person for inquiries (service site representative). Additionally for each task or deliverable, they are requesting activities, timeframes and contact person.

7. **In our case, we reimburse private practice dentists throughout the county to provide care to a certain number of uncompensated children. The services will be performed in a dozen different private practice offices throughout the county. The Calaveras Children's Dental Project would be coordinating the care and we can certainly put our address and contact information there, but it says, "the services will be performed at..." We are not a clinic so we do not have an address.**

You would be required to provide the name and address of each of the sites where the services will actually be provided. Each of the service sites must meet the "rural site" eligibility requirements and the information would have to be listed on the Application Information Form (Attachment A) on page 11 of the RFA, along with the census tract for each service site.

8. **Would this be the same for the health departments if there are "out stations" throughout the county?**

Yes, the same requirement would apply.

9. **I have a question on the third item listed in "changes from FY 00-01 RFA" which is granting permission to share applications with other funders. How do they perceive that? And secondly, how would we know in a timely manner, if we were going to those sources ourselves and putting together a request for funds, how would we know we are not duplicating and which would they prefer to have, our original or one that you passed on to them? I think I see it as a "positive" but if it doesn't hold as much water as the secondary situation as it would if we initially applied to them directly, then I don't know that I would want to miss that opportunity to apply to them directly.**

If you are also submitting an application to a foundation then we suggest that you check off the box "please check with me first." This would eliminate any confusion. Secondly, some of the foundations are really not interested in looking at these. The Sierra Health Foundation is one that clearly is and last cycle by the time we sorted through all the applications to make sure they were within the counties the Sierra Health Foundation serves, and we called to get permission, it took a lot of staff time. There were approximately three they were interested in funding and they then contacted the applicants. You need to do what you think is best for your situation.

- 10. The policy that only one grant will be awarded per Federal ID number, that doesn't have anything to do with the Capital Grants, meaning if we receive a small grants we may still apply for a capital grant, right?**

Yes, that is correct. The policy is one small grant per federal ID number, and the same policy for capital grant, one per federal ID number. So a parent organization (federal ID number) may receive one small grant and one capital grant per parent organization or federal ID number.

- 11. One more question on that, if you did not get funded for a proposed project last year, is there any problem in submitting some of the same general information or format, or do you want something new or fresh this time?**

Yes, it is possible to submit the same or similar application and you should make a strong case in your project description narrative.

- 12. Are you looking at regionalizing awards between North, Central, South, etc?**

No, we do not deviate from scoring. We fund the highest scores. We are interested in seeing what the breakdowns would be and we present the regional breakdowns to the Rural Health Policy Council Directors who ultimately make the final decisions, but we fund by highest score. Additionally, if the Policy Council Directors were to change this policy and decide to go to a geographic distribution, we would make that very clear in the RFA from the beginning.

- 13. Is there an element on what kind of service like medical, dental and drug and alcohol service are funded?**

All of those services are eligible to receive funding. It is similar to the geographic distribution, we would very much like to see money go to each of these areas and we look at the breakdowns, but it really comes down to how convincing your project description is and how strong of a case you make.

- 14. Are last year's awardees on your web site, and their project descriptions?**

The list, with a one-sentence description, is posted on our Rural Health Policy Council website at <http://www.ruralhealth.ca.gov>. (A copy of the list is attached to this document)

- 15. Would the County Office of Education be eligible to receive a 25% advance of their total grant amount?**

No, it is considered a county office and would not be eligible for the 25% advance.

- 16. My question is regarding the scoring of the applications, you stated that two independent reviewers will evaluate each application, then meet to discuss their scores. They must be within 10 points of each other for each section of the application, can you tell me what happens if the two reviewers cannot agree within the 10 points?**

Yes, a third review will be conducted by the Rural Health Policy Council staff.

- 17. In the application instructions of the RFA (page 9), it is the first time you use the word "narrative." I am wondering if under C "project description" (page 10) includes all of the subcategories listed below that subtitle?**

The narrative includes the problem statement, scope of work, project feasibility and the evaluation. The budget and budget narrative are not counted in the 10 pages.

- 18. I have a question on Attachment A (Facility Information), our lead facility is the Calaveras County Office of Education. We are a countywide collaborative which means we do not have an infrastructure. The County Office of Education operates as our lead facility and their name and federal ID number will be on that form. The superintendent will be the person signing the state contract, but is not knowledgeable about the project. Shall I list my name as the contact person?**

We can either send it to your attention at the address of the lead facility name or you may add another line with your address. If we send it directly to you as the contact person, we would expect that you would get the appropriate signatures and return it to us.

- 19. There is no other place and somewhere the State is going to need to know who can sign the contract, is there another page where that person would sign?**

Yes, the authority to contract on page 13 is where that person would sign.

- 20. Back to my earlier question regarding the list of site locations, would it be appropriate to put "see the attached list" and just include a separate sheet with the name, addresses, census tracts, etc. for each service site?**

Yes, that would be fine.

- 21. On page 13, Attachment A, Part III, if the board of directors will not meet before the due date of the contract, and therefore cannot include a Board of Director's resolution, what shall we do?**

Someone who is authorized to negotiate and sign any resultant grant of the application may sign. You may include a letter, signed by an authorized person, executive stating that a meeting is scheduled and a resolution will follow. We would require a resolution from the Board of Director's before we could actually enter into a contract.

- 22. One more question on the order in which you want us to submit these sections, you want Attachment E (the checklist) first, then Attachment A (Application Information Sheet), the budget, the Project Description and lastly the Supplemental Information?**

Yes.

- 23. Are you limiting this whole thing to 10 pages?**

No, only narrative (project description) is limited to 10 pages. This would include the problem statement, the scope of work statement, the project feasibility and evaluation sections. Supplemental Information, budget, and budget narrative are in addition to the 10 pages.

- 24. On page 14, Attachment B, under number 2, would there be a higher score if the proposed project represents an innovative approach to providing needed rural health services? Or priority on a particular kind of project?**

No, there will not be additional points given for a particular kind of project. However, innovative approaches are encouraged.

- 25. Is there any special interest in "sustainability" of the project after funding?**

Because this is one-time funding we just want to make sure that the project can be completed during the contract period, this program is not a source of on-going funding.

- 26. When the project is completed, do we have to file one of those OSHPD reports?**

No, the final report required for this grant program is a brief report based upon your scope of work and your proposed evaluation plan. In your contract, we specify what is to be addressed in the final report.

- 27. For substance abuse treatment services, we use counselors to provide the services, may these funds be used for this kind of treatment if we do not use physicians or P.A.?**

Yes, we would be funding the actual services provided not the position. Whatever level of staff you use to provide this kind of service is up to you or stipulated in your facility license. You would bill us for units of service provided.

- 28. Of the projects that were funded last year, were most of them funded at the \$25,000 funding level? Is there any advantage if you apply for less than \$25,000?**

Approximately, 90% were for \$25,000 but if you are trying to improve your odds by keeping it under \$25,000 maximum amount, it would not make any difference.

- 29. Seneca Healthcare District sponsors an annual health fair as an outreach project to avail health services to residents of our community unable to pay for these services. We offer low cost and no cost health screening and some testing. Seneca solicits volunteers and absorbs the cost for this project. Many services we would like to provide such as mammography, cancer screening, bone density evaluations, and lab tests are too cost prohibitive for us to provide. Can the RFA #01-2002 grant funds be used to expand our project to include a more comprehensive health screening?**

Yes, these funds may be used to provide a new service or expand medical services to residents of rural areas who have no other source of payment this includes outreach projects and health screenings.